Louisiana Public Health
Medical Countermeasures (MCM) Operational Readiness Review Guidance and Tool

DEPARTMENT OF HEALTH AND HOSPITALS

Background

- Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) is a critical funding source for DHH-OPH.

- CDC has implemented a new method of reviewing state and local medical countermeasure operational readiness.

- The MCM Operational Readiness Review (ORR) replaces CDC's technical assistance review (TAR planning tool).

- Primary focus is Capabilities 8 and 9, but also includes applicable supporting elements from six other public health preparedness capabilities needed to mount successful medical countermeasure missions.

- The new review process is designed to better measure a jurisdiction's ability to plan and successfully execute any large-scale response requiring distribution and dispensing of medical countermeasures.

Background

- Effective July 1, 2014, CDC will implement a new method of evaluating state and local medical countermeasure operational readiness (PHEP-specific change).

- The new assessment process builds upon the medical countermeasure planning progress PHEP awardees have made over the years and is intended to identify medical countermeasure response operational capabilities as well as gaps that may require more targeted technical assistance (PHEP-specific change).

PUBLIC HEALTH PREPAREDNESS CAPABILITIES

- Capability 1-----Community Preparedness
- Capability 3-----Emergency Operations Coordination
- Capability 4-----Emergency Public Information and Warning
- Capability 6-----Information Sharing
- Capability 8-----Medical Countermeasure Dispensing
- Capability 9-----Medical Materiel Management and Distribution
- Capability 14----Responder Safety and Health
- Capability 15----Volunteer Management

FOA 2014: Hospital and Treatment Center Coordination

- The National Response Framework (NRF) (Public Health and Medical Services Annex ESF-8) guides national responses to all-hazards incidents and emphasizes a coordinated federal response requiring layers of mutually supporting capabilities.

- The Department of Health and Human Services (HHS) office of the Assistant Secretary for Preparedness and Response (ASPR) plays a key role in ensuring healthcare preparedness through the Hospital Preparedness Program (HPP) cooperative agreement, which provides funding and technical assistance to jurisdictions to prepare healthcare systems for disasters.

- HPP encourages hospitals and healthcare systems to partner with public health and other ESF-8 planners and responders.

- This partnership should enable hospitals and treatment centers to increase their capacity to respond to incidents that may result in mass casualties or a surge of people requiring medical care.

- HPP provides a set of Healthcare Preparedness Capabilities based on common Federal Emergency Management Agency (FEMA) preparedness methodologies and aligned with the CDC.

2014 FOA: Hospital and Treatment Center Coordination
(HPP-PHEP-Program Requirements)

- For HPP-PHEP Budget Period 3, awardees must address and comply with joint program requirements, as well as specific HPP and PHEP requirements.

- 25 Joint Requirements---focus on the following:
  - Cross-Discipline Coordination
    1. Foster greater HPP and PHEP program alignment and collaboration with other federal preparedness programs. Awardees must continue to coordinate public health and healthcare preparedness program activities. Awardees can use HPP and PHEP funding to support coordination activities and must track accomplishments.
    2. Conduct jurisdictional risk assessments-----February 2014.
    3. Establish and maintain senior advisory committees.
  - Capabilities Development
    1. Achieve progress on capability development
    2. Coordinate HPP-PHEP training and exercise programs.
    3. Complete and submit after-action report/improvement plan (AAR/IP).
    4. **Engage in technical assistance planning.**
    5. Plan and conduct joint site visits

MCM ORR Guidance and Tool State Work Group / Regional Leads

MCM ORR Guidance and Tool State Work Group
Glennis P. Gray, Lead
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Regional ORR Leads	
Region 1	Sundee Warren
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Region 3	Kayla Guerrero
Region 4	Carol Broussard
Region 5	Mike Parent
Region 6	Patricia White
Region 7	Frank Robison
Region 8	Sheila Hutson
Region 9	Thomas Jordan

MCM/ORR Guidance-Tool State Workgroup Leads

Responsibilities

- Develop, maintain, and implement the Louisiana MCM/ORR Tool Strategy.
- Coordinate, conduct and document the meetings of the CCP and Regional ORR tool work groups.
- Provide ORR tool ORR updates face-to-face and during PHERC conference calls.
- Act as the point of contact for ORR activities with the state and regional staff.
- Work with State and Regional ORR Leads to ensure that the Louisiana OPH ORR activities are coordinated at the State and Regional levels with response partners.
- Conduct Regional site visits to provide orientation and instruction on the ORR tool.
- Work with the Regions on the Regional ORR guidance and tool.
- Update the Maintenance of Effort for the regional ORR tool.
- Draft the State ORR Report, conduct an internal review and then finalize the document to be sent to the CDC.
- Maintain the shared drive folder with the final ORR tool and documentation.

Regional ORR Leads

Responsibilities

- Review ORR guidance and tool , roles, responsibilities, and timelines.
- Participate in ORR orientation.
- Incorporate ORR guidance and tool existing networks or work groups.
- Work with ORR State Leads to complete Regional ORR tool.
- Prepare for Regional ORR site visit and review.
- Participate in ORR site visit and review.
- Conduct any required follow up.
- Work with CCP to complete Regional ORR Report.

ORR Implementation Strategy

Objective

"Conduct a Operational Readiness Review (ORR) to measure a jurisdiction's ability to plan and successfully execute any large-scale response requiring distribution and dispensing of medical countermeasures. "

Planned Activities

– Develop an implementation plan based on ORR guidance and tool to distribute to state and regional ORR and capability leads.

– Gather state-level and regional-level data

– Conduct orientation and training for regional leads

– Analyze data State and Regional leads have uploaded into shared drive for accuracy

– Draft report with state data and assist regions in drafting a Regional report inclusive of Regional data

– Utilize information to direct future activities

CDC (MCM) Operational Readiness Review (ORR) Guidance

About the Tool

- Developed with input from national partner associations and representatives of 19 state and local PHEP jurisdictions.

- Developed over a 1 year period

- Builds upon the medical countermeasure planning progress PHEP awardees have made over the years

- Intended to identify medical countermeasure response operational capabilities, as well as gaps that may require more targeted technical assistance.

About the Tool

- Excel format

- Designed to be user friendly

- Captures high level data

- Incorporates state and regional level data individually

- Data may require collaboration with internal/external partners and stakeholders

- Jurisdictional Data Sheet (formerly called the Baseline Data Sheet) will still be required.

Jurisdictional Data Sheets

RESET FORM

BP3 MCM Local Jurisdictional Data Sheet

State: Louisiana

CRI MSA Affiliate: -

County/Project Area/Planning Jurisdiction:

Reviewer:

Assessment Date:

Local Medical Countermeasure (MCM) Jurisdictional Statistics		Value	
1. Local population covered by local planning jurisdiction's medical countermeasure dispensing plan.			
Open (Public) Point of Dispensing (POD) Operations			

2. Required hourly throughput to provide medical countermeasures to 100% of the population within the 48 hour goal for dispensing after receipt of assets from state/local distribution.	Total Population	# hrs. dispensing operations	Calculated throughput (PPH)
	0		0

2a. Total number of Open (Public) PODs that would be needed to support throughput in 2 (above).			
3. Population (from 1 above) that may be served by alternate dispensing modalities			
4. Required hourly throughput to provide medical countermeasures to population not served by alternate dispensing modalities within the 48 hour goal for dispensing after receipt of assets from state/local distribution.			
4a. Actual number of Open (Public) PODs needed to support throughput in #4 (above).			

	YES	NO	Model or Exercise?	Observed throughput
4b. Has this throughput been tested via modeling or exercise?			(select)	

	YES	NO		
4c. Is Head Of Household (HOH) an option in the PODs?				

4d. If HOH is authorized, what is the max number dispensed to each HOH?			UNLIMITED
5. Number of Open (Public) PODs identified with documented site-specific plans.			
6. Number of Open (Public) PODs with identified primary and back-up management teams.			
Staffing Open (Public) POD Functions			
7. Estimated number of staff (government, contract employees and volunteers) needed to staff 100% of all Open (Public) POD functions for an MCM campaign.			
8. Current number of staff (government, contract employees and volunteers) identified to staff 100% of all Open (Public) POD functions for an MCM campaign.	0		
8a. Current number government employees identified.			
8b. Current number of volunteers identified.			
8c. Contract or other non-government staff identified.			
9. Needed number of staff (government employees and volunteers) still necessary to staff 100% of all Open (Public) POD functions for an MCM campaign.	0		

About the Tool (New Method of Measurement)

- MCM ORR does not use numerical scoring. Instead, it measures a jurisdiction's readiness for each element using a continuum of levels of maturity.

About the Tool
(New Method of Measurement)

- <u>Early implementation</u>
  - Jurisdiction demonstrates the beginning stage of planning or operations.

- <u>Intermediate implementation</u>
  - Jurisdiction demonstrates planning and operations that have progressed beyond the beginning stage, but may lack some criteria deemed necessary in response to an MCM incident.

- <u>Established implementation</u>
  - Jurisdiction demonstrates planning and operations that meet the capability standard.

- <u>Advanced implementation</u>
  - Jurisdiction demonstrates planning and operations that exceed or enhance the capability standard.

About the Tool
(New Method of Measurement)

- For each task in the MCM ORR, the four maturity levels are defined by specific criteria.

- For example, Planning Implementation Capability 1: Community Preparedness, Function 2 reads:

		Planning Implementation			
		Early	Intermediate	Established	Advanced
Function 2	Build community partnerships to support health preparedness	a. Plans address partner engagement and document written acknowledgment of response roles for the following partners: 1) private sector, 2) local, 3) state, and 4) regional.			
		Written plans include none of the above	Written plans include one or two of the above	Written plans include three of the above	Written plans include all of the above

About the Tool: Content

- **CDC does not expect jurisdictions to be at an advanced planning or operational status for all tasks; instead, tasks where the jurisdiction is not advanced indicate an opportunity for future improvement.**

- **Baseline Data**
  - Regions will complete the Jurisdictional Data Sheet.

- **BP 3 will be considered a provisional year, where there will NOT be a score per se.**
  - All regions will be reviewed using the new tool.

- **Point of dispensing (POD) planning and distribution planning standards:**
  - State and regions are not required to submit POD planning standards via e-mail, but they should present these documents during the MCM ORR, conducted virtually, or during a site visit.

- **MCM full-scale exercise (FSE) requirements:**
  - Required to conduct a dispensing full-scale exercise during the five-year project period (Completed in 2012).

- **Drill requirements:**
  - Jurisdictions must conduct and submit data for a minimum of three different drills such Ex. Staff notification, acknowledgement, and assembly, site activation, acknowledgement, and assembly, facility set-up, pick list generation, dispensing throughput, RealOpt modeling (as a substitute for dispensing throughput)

Next Steps: Completing the Tool

- **Review of Maintenance of Effort**

- **Upload Jurisdictional Data**

- **Upload of information to state and regional shared drives and then folders will be placed on Share-Point for CDC review**

Documentation

- The MCM ORR guidance outlines example documentation for each element. Note that not all of the examples listed are required. Conversely, awardees may have documentation that is not listed in example documentation that may suffice for those criteria.

- DSLR project officers have ultimate discretion in determination of acceptable documentation.

- Unless otherwise specified, any supporting documentation (including relevant training records) should be up-to-date (no older than the date of the previous review).

Implementation

- In BP3, CDC will use the new tool to review all 62 PHEP awardees. Additionally, the MCM ORR will be used to review at least one local planning jurisdiction within each of their Cities Readiness Initiative (CRI) metropolitan statistical areas (MSAs) in conjunction.

- For those states that have overlapping CRI MSA jurisdictions with adjoining states, the state with the majority of the MSA population will be responsible for conducting the review in that CRI MSA. State, local, tribal, and territorial authorities will use the MCM ORR throughout the year to collect jurisdictional data.

- CDC expects awardees to provide training on the new tool and process to all local CRI planning jurisdictions in BP 3. CDC or the awardee may choose to review additional local CRI jurisdictions based on risk, operational gaps, or other criteria. BP 3 MCM ORR data will be considered provisional and will not be tied to any benchmarks subject to funding penalties. Budget Period 4 (BP4) will be considered a baseline period that CDC will use to determine frequency.

Next Steps: Regional Orientation

- Regional Orientation will be conducted by CCP Staff at each regional office during a one day site visit with the region.

- Each region will be responsible for reviewing the guidance and tool prior to the scheduled site visit and coordinating with their respective ORR workgroup participants to be ready for review.

Next Steps: Regional Orientation

Objective

- Review ORR guidance and tool at regional level.

Target Audience

- PHERC, RA/Medical Director; Hospital Nurse; or any other DHH staff.

Expected Outcomes

- Region will have a clear understanding of the guidance and tool based on orientation and guidance and will begin upload of required information into designated folders on regional shared drive.

2015 Evaluation

- MCM ORR's will be conducted in early February 2015 and March 2015. The actual ORR tool and instructions will be available to you as rounds are made. The SNS coordinator will work together closely and diligently with the state and regions to ensure and assist in local planning efforts.

What do Hospitals & EMS providers need to know?

- Your Region's PHERC is responsible to lead the ORR project.

- Planning meetings for your region will be scheduled by the PHERC.

- Please contact your PHERC about how your healthcare coalition will be asked to participate!

ORR Tool Final Questions

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